

216020600  
99438

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 086	Agency Case No. B6-044190	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/20/2016		TIME OF ACCIDENT 1543	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1543	05/20/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 905 E ST		PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	84.00		X		9th ST	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H12763250		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER HILLARY S DUGGAN		PHONE		LOCAL NO.	
V2/N	DRIVER ADDRESS 617 B ST, LINCOLN, NE 68510		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/18/1984
G	OWNER HILLARY DUGGAN		PHONE 8602624576		LOCAL NO.	
1	OWNER ADDRESS 617 B ST, LINCOLN, NE 68510		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H	LICENSE PLATE PA NO.	6C1617		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR 1998	MAKE Chevrolet	MODEL C/S	BODY STYLE 2 door Sedan	COLOR red
2	VEHICLE ID NO. (VIN)	3G1JC1248WS850793		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500		INSURANCE COMPANY progressive
V2/O	TOWED TO	TOWED BY		POLICY NO. 907905392		
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER		PHONE		LOCAL NO.	
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER		PHONE		LOCAL NO.	
01	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="radio"/> TOALED \$		INSURANCE COMPANY
01	TOWED TO	TOWED BY		POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-044190



Indicate  
North  
by  
Arrow

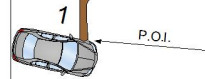


E ST

POI  
-84'3" E of E curb of 9th ST  
-20'3" N of N curb of alley

S. 9th

Parking lot of  
903 E



Alley

Not to scale, all measurements approximate

## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Dr. 1 stated she was operating vehicle 1 SB on S 9th when she blacked out and could not control vehicle. Wit. 1 (passenger) stated dr. went into a seizure and he attempted to control vehicle, however vehicle veered off S 9th, EB, into the parking lot of 903 E ST striking a tree before coming to a rest. Dr. 1 was taken to hospital for the seizure and had no injuries from the vehicle striking the tree.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME MICHAEL A PATLAN 1211 PLUM, LINCOLN, NE 68502	ADDRESS	PHONE 4022028443		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2													
1		X			9th ST															
2																				
1	01				06 Turning left	POINT OF IMPACT	08	POINT OF IMPACT												
2					08 Entering traffic lane	MOST DAMAGED AREA	08	MOST DAMAGED AREA												
					00 None	02	03	04												
					09 Top & windows	01														
					10 Undercarriage	08														
					11 Total (all areas)	07														
					12 Other	06														

OFFICER NO. 1650		TROOP/TEAM/BEAT NW		DEPARTMENT Lincoln Police Department		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INVESTIGATOR NAME (Print or Type) Cole Jennings				INVESTIGATOR SIGNATURE Approved by Officer Cole Jennings			
DATE OF REPORT		05/20/2016					